

FILED

PLAINTIFF/PETITIONER/MOVANT'S NAME *PAUL BASHKIN*

08 AUG -8 PM 3:01

PRISON NUMBER _____

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

PLACE OF CONFINEMENT _____

BY: *CK*
CLERK

ADDRESS *P.O. Box 881846
San Diego, CA 92168*

United States District Court
Southern District of California

PAUL BASHKIN

08 CV 1450 WQH RBB

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Plaintiff/Petitioner/Movant

*SAN DIEGO COUNTY, v.
HOWARD ALBES, individually & in his official capacity,
BEST CARPET, INC. & its wholly owned subsidiary,
and DOES 1-100, inclusive)*

Defendant/Respondent

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, *PAUL BASHKIN*

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

Yes No

Do you receive any payment from the institution?

Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

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2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Self-employed

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|---|-----------------------------|
| a. Business, profession or other self-employment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Spousal or child support | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

a) *Employment* \$2,500 (approx. total) None
 b) *Social Security* \$1,441 per month \$1,441 each month
 c) *Settlement* \$5,785 lump sum None

4. Do you have any checking account(s)? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

Wells Fargo Bank - 401 B Street, SD
 \$470.00

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): *Wells Fargo Bank - 401 B Street, SD*

b. Present balance in account(s): *\$1,349 (for rent)*

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year:

Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
Yes ☐ No ☒

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

\$ 300,000.00+ = various attorneys/law firms
\$ 15,000.00+ = various financial institutions

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

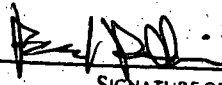
None

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

8/8/08


SIGNATURE OF APPLICANT